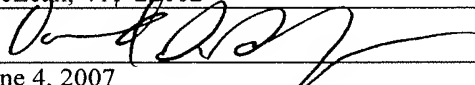


|  |   |                        |                    |
|--|---|------------------------|--------------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |   | Application Number     | 10/780,119         |
|  |   | Filing Date            | 02-17-2004         |
|  |   | First Named Inventor   | Oliver HORN et al. |
|  |   | Group Art Unit         | 3744               |
|  |   | Examiner Name          | John K. Ford       |
| Total Number of Pages in This Submission   | 3 | Attorney Docket Number | 033171-146         |

| ENCLOSURES (check all that apply)  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Election / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement, Form PTO/SB/08<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.   |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
| Firm or Individual name                    | David S. Safran, Reg. No. 27,997<br>Roberts Mlotkowski & Hobbes P.C.<br>PO Box 10064<br>McLean, VA 22102 |
| Signature                                  |                      |
| Date                                       | June 4, 2007   |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]   |                             |
|--|-----------------------------|
| I hereby certify that this correspondence is being:  |                             |
| <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 |                             |
| <input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at _____  |                             |
| _____ Date   | _____ Signature             |
|  | _____ Typed or printed name |